



**King County**

## Fair Housing Intake Questionnaire

**If you complete and return this form, you have not filed a formal complaint.  
OCR staff will review your form, then contact you to finalize the process.**

**Name of Person Filing Complaint** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phones:** Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Message \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**How did you hear about OCR?**

**Name of a friend or relative we can contact if we cannot contact or locate you**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone(s)** \_\_\_\_\_

**Name and address of the housing involved in this complaint?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date you became aware of the discrimination?** \_\_\_\_\_

**Most recent date of discrimination?** \_\_\_\_\_

**Is the discrimination continuing?** \_\_\_\_\_

**Who are you filing this complaint against? List all people and companies, and as much information as you can. State who's who (landlord, management company, resident manager, condo board, etc.)**

<b>#1 Name</b>	
Job Title	
Address	<hr/> <hr/> <hr/>
Phones	
E-mail	
<b>#2 Name</b>	
Job Title	
Address	<hr/> <hr/> <hr/>
Phones	
E-mail	
<b>#3 Name</b>	
Job Title	
Address	<hr/> <hr/> <hr/>
Phones	
E-mail	
<b>#4 Name</b>	
Role	
Address	<hr/> <hr/> <hr/>
Phones	
E-mail	

<b>The discrimination was because of my</b> (Check all that apply)	
	Race (specify): AmInd/AlaskaNative Asian Black/AA NativeHawaiian/PacificIslander White
	Color (specify):
	Gender (circle) Male Female
	National Origin (country?):
	Ancestry (country?):
	Disability (specify):
	Use of a Service/Assistive Animal
	Age (birthdate?):
	Religion
	Sexual Orientation – Gender identity?
	Participate in Section 8 Program
	Parental Status (children under 18 in the household)
	Marital Status: Married Separated Divorced Engaged Widowed Single Cohabiting

<b>What action(s) were taken against you?</b> (check all that apply)	
	Discriminatory advertising, application form, or statements
	Refused to show or let me inspect housing
	Told me rental was not available when it actually was available
	Refused to rent, sell or deal with me
	Treated me differently in rental or deposit amounts
	Discriminated in other terms or conditions of rent, sale, or occupancy
	Refused to provide reasonable accommodation or modification for disabled person
	Evicted me or is threatening eviction
	Retaliation – I made a formal / informal discrimination complaint or testified in an investigation
	Other – give details in next section below

**Briefly describe what action(s) were taken against you.** (please include specific dates)

(use additional pages if necessary)

**Please provide contact information for witnesses to these actions.**

**Name:** \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

**Name:** \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

**Name:** \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

**I verify that this statement is true to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return your signed Intake Questionnaire to**

King County Office of Civil Rights  
400 Yesler Way, Room 260  
Seattle, WA 98104-2683

Questions about this online form? Contact OCR at 206-296-7592, TTY 206-296-7596,  
Fax 206-296-4329, or e-mail Civil-Rights.OCR@kingcounty.gov.

**We provide reasonable accommodations for people with disabilities.  
AVAILABLE IN ALTERNATE FORMATS**